

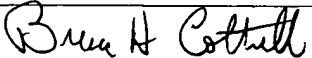
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U.S. PTO
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.: S-100,544 First Inventor or Application Identifier: T. Mark McCleskey Title: QUANTITATIVE METHOD OF DETERMINING BERYLLIUM OR A COMPOUND THEREOF IN A SAMPLE Express Mail Label No.: ER 311845766US	
APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages: 20] <input checked="" type="checkbox"/> Descriptive title of the Invention <input type="checkbox"/> Cross References to Related Applications <input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&D <input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings (if filed) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim(s) <input checked="" type="checkbox"/> Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C. 113) [Total Sheets: 2] <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal 5. <input type="checkbox"/> Declaration & Power of Attorney [Total Pages:] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 63(d) (for continuation/divisional with Box 16 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies): or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> ACCOMPANYING APPLICATION PARTS </div> 8. <input type="checkbox"/> Assignment Papers (cover sheet & documentation) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Nonpublication Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i) 15. <input type="checkbox"/> Other:	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application S.N. ____ / ____ Prior application information: Examiner: _____ Group/Art Unit: _____ <div style="font-size: small;"> For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. </div>			
16. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below <div style="text-align: center; font-size: large; margin-top: 10px;"> 35068 </div> <div style="text-align: center; font-size: small; margin-top: 5px;"> (Insert Customer No. or Attach Bar Code Label here) </div>			
Name: Bruce H. Cottrell Address: Los Alamos National Laboratory LC/IP, MS A187 City: Los Alamos State: New Mexico Zip Code 87545 Country: United States Telephone: (505) 667-9168 Fax: (505) 665-4424			
Name (Print/Type): Bruce H. Cottrell		Registration No. (Attorney/Agent): 30,620	
Signature: <i>Bruce H. Cottrell</i>		Date: March 31, 2004	

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ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>2051</td> <td>\$130</td> <td>\$65</td> <td></td> <td></td> <td>Surcharge – late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>2052</td> <td>\$50</td> <td>\$25</td> <td></td> <td></td> <td>Surcharge – late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1812</td> <td>\$2,520</td> <td>1812</td> <td>\$2,520</td> <td></td> <td></td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1251</td> <td>2251</td> <td>\$110</td> <td>\$55</td> <td></td> <td></td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>2252</td> <td>\$420</td> <td>\$210</td> <td></td> <td></td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>2253</td> <td>\$950</td> <td>\$475</td> <td></td> <td></td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>2254</td> <td>\$1,480</td> <td>\$740</td> <td></td> <td></td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2255</td> <td>\$2,010</td> <td>\$1,005</td> <td></td> <td></td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>2401</td> <td>\$330</td> <td>\$165</td> <td></td> <td></td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>2402</td> <td>\$330</td> <td>\$165</td> <td></td> <td></td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>2403</td> <td>\$290</td> <td>\$145</td> <td></td> <td></td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>2452</td> <td>\$110</td> <td>\$55</td> <td></td> <td></td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>1814</td> <td>2814</td> <td>\$110</td> <td>\$55</td> <td></td> <td></td> <td>Terminal Disclaimer</td> <td></td> </tr> <tr> <td>1453</td> <td>2453</td> <td>\$1,330</td> <td>\$665</td> <td></td> <td></td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>1460</td> <td>2460</td> <td>\$130</td> <td>\$130</td> <td></td> <td></td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1806</td> <td>2806</td> <td>\$180</td> <td>\$180</td> <td></td> <td></td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>1809</td> <td>2809</td> <td>\$770</td> <td>\$385</td> <td></td> <td></td> <td>Filing a submission after final rejection (37 CFR 1.129 (a))</td> <td></td> </tr> <tr> <td>1810</td> <td>2810</td> <td>\$770</td> <td>\$385</td> <td></td> <td></td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1811</td> <td>2811</td> <td>\$100</td> <td>\$100</td> <td></td> <td></td> <td>Certificate of Correction</td> <td></td> </tr> <tr> <td>1504</td> <td>2504</td> <td>\$300</td> <td>\$300</td> <td></td> <td></td> <td>Publication fee for early, voluntary, or normal publication</td> <td></td> </tr> <tr> <td>1801</td> <td>2801</td> <td>\$770</td> <td>\$385</td> <td></td> <td></td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td colspan="7" style="padding: 5px;">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="7" style="text-align: right; 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